

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF <b>Nelson Lora-Pena</b>	COURT CASE NUMBER <b>1:06-cv-442 SLR</b>
DEFENDANT <b>U.S. Attorney for the District of Delaware</b>	TYPE OF PROCESS <b>Civil Action</b>
<b>SERVE</b> ➡ <b>AT</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>U.S. Attorney for the District of Delaware</b> ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>The Nemours Bldg., 1007 Orange Street Suite 700, P.O.BOX 2046, Wilmington, DE 19899-2046</b>

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Nelson Lora-Pena, ID#03883-070  
U.S.P. Canaan  
Post Office Box 300  
Waymart, Pa. 18472

Number of process to be  
served with this Form - 285Number of parties to be  
served in this caseCheck for service  
on U.S.A.SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All  
Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

Signature of Attorney or other Originator requesting service on behalf of:

*Nelson Lora-Pena*
☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

DATE

10/10/06

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**I acknowledge receipt for the total  
number of process indicated.  
(Sign only first USM 285 if more  
than one USM 285 is submitted)

Total Process

District  
of Origin

No. \_\_\_\_\_

District  
to Serve

No. \_\_\_\_\_

Signature of Authorized USMS Deputy or Clerk

*BF*

Date

10-18-06

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described  
on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

*Lauren Williams, Receptionist*

Address (complete only if different than shown above)

☐ A person of suitable age and dis-  
cretion then residing in the defendant's  
usual place of abode.

Date of Service

Time

am

10/18/06

15<sup>00</sup> pm

Signature of U.S. Marshal or Deputy

*BF*

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS: